



**March/April 2005  
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**We're on the Web!  
Check us out!**

**[meamss.org](http://meamss.org)**



**St.  
Patrick's  
Day  
March 17!**

# THE LIGHTHOUSE

**The official publication of the Maine Association  
Medical Staff Services, published by and for the  
MeAMSS membership.**

## **President's Message: *Time Management***

*Frederica Jackson, CPMSM*

I am excited today. They have finally found a diagnosis for my condition. I have been diagnosed with T.M.D. (Time Management Deficiency). Perhaps you know of this condition. Maybe you know someone with it. Or maybe you have it yourself. How would you know if you were afflicted? I'll tell you. A typical day for someone with T.M.D. might go something like this:

You come in to the office with a long list of things you need to get done. But first you're going to go get that much needed cup of coffee.

On the way to the cafeteria, you run into Dr. Jones who's lost his ID badge and needs a replacement right away. You direct him to the security office.

Meeting up with Dr. Jones, a general surgeon, reminds you that you need to go to the O.R. to check out a problem that the unit coordinator is having accessing privileges from your credentialing software. Might as well do it now, so you don't have to make another trip later.

On the way to the O.R. you decide to stop by Anesthesia to see if the President of the Medical Staff is in. You need to find out if he received your e-mail about the speaker for the annual Medical Staff banquet who you *really* need to nail down as soon as possible. The President's in, but is working in the Pain Clinic upstairs. Better go up and see him now. You know you still need to go deal with the computer issue in the O.R., but the President's going on vacation next week, and if you don't get this speaker confirmed today, you might lose him.

As you head off for the elevator, the Risk Manager yells down the hall after you. She reminds you that she really needs a copy of Dr. Smith's credentials file for a meeting with an attorney tomorrow. You decide to go back down to your office and copy it now so you won't forget. You can deal with the President and the O.R. unit coordinator after lunch.

In the elevator, you realize you're feeling a bit groggy. Oh yeah, the coffee. You still need a cup. Just go get it. It'll just take a sec. You get out of the elevator at the cafeteria where you bump into your friend Lori who's anxious to show you the pictures of her 9-month-old son from Christmas. Don't want to be impolite so you spend a few minutes oohing and aahing over the photos.

The baby pictures remind you that really need to get the revisions done to the final report from the Division of OB/GYN Review Committee so it can go out with the Medical Executive Committee packet this afternoon. Forget the coffee. You can have some with lunch.

You get back to your office and fire up the computer to finish that report. You realize that you haven't checked your e-mail yet today and there might be something important you need to take care of right away. You decide to go through your e-mail first before you start the revisions to the report.

A message from the IT Department tells you that your e-mail inbox is full and you need to delete some of the messages. Yikes! There're 3000 messages in there! You haven't cleaned out the old messages

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since July 2003! You decide to take a few minutes to delete the old messages. Won't take long and then you can get to that report, copy the credentials file for the Risk Manager, follow up with the President of the Medical Staff about the banquet speaker and the O.R. unit coordinator about the credentialing software issue.

While cleaning your e-mail inbox, you get a call from the CEO's office. You're needed immediately to notarize some important legal documents. You head over. Notarizing the documents reminds you that you need to talk to the hospital counsel about the upcoming fair hearing for Dr. Ogre. You stick your head into his office, but he's not available. Oh well, you can send him an e-mail. E-mail. Oh that's right. Need to finish cleaning out the inbox. Better get back to your office to finish that.

On the way back to your office, your stomach growls and you check your watch. Lunchtime. No time to sit and eat lunch with your friends with all you have to do, but since you're in the neighborhood of the cafeteria, you stop by and grab a sandwich to take back to your desk. You can finish cleaning out the e-mail while you wolf down the sandwich. And coffee. Oh darn! You forgot the coffee when you went to the cafeteria. You haven't had any since first thing this morning and you really want some. Just run back to the cafeteria real quick and pick up a cup. It won't take long.

On trip #2 to the cafeteria you bump into your boss, who wants to make sure you'll be at the Quality and Patient Safety Committee meeting from 1-3 this afternoon, since they'll be discussing JCAHO readiness. You assure him you'll be there, although you were secretly planning to skip the meeting with all the work piling up on your desk that you just can't get to. Rats. There goes two more hours away from your desk that you really can't spare.

Better read the agenda and handouts before the Quality and Patient Safety

Committee meeting so you show up prepared. You can do that instead of cleaning out your e-mails while you eat your lunch. You can deal with the e-mails after Quality and Patient Safety Committee.

The meeting runs long. Until 3:30. You've got an hour before your 4:30 dental appointment, and way too much to do in that time frame. You need to regroup. Let's see - you can postpone the Medical Executive Committee packet to go out until tomorrow and come in early to finish that OB/GYN Division Review Committee report in the morning. The unit coordinator in the O.R. can wait another day or two with her software problem. She knows to call you if she has a question about privileges. Hopefully the Medical Staff president will attend the Surgical Services meeting at noon tomorrow so you can ask him about the banquet speaker. You can get that credentials file to the Risk Manager sometime in the morning before her meeting with the attorney. You decide to concentrate on cleaning out your e-mails for the rest of the day. You can't even begin to think about the other items on your list that you never addressed today.

You leave for the day feeling frustrated. When you try to figure out how come nothing got done today, you're baffled, because you know you were busy all day long!

**This is T.M.D.**

The remedy for T.M.D.? Simple.

**Organize. Prioritize. Plan appropriately. Delegate.**

- **Don't be distracted.**
- **Write things down.**
- **Know the difference between multi-tasking and trying to do too much at once.**
- **Be realistic about projects that won't fit into your time schedule.**
- **Don't be afraid to ask for assistance.**

Effective time management is crucial to be successful in our profession. So if you suffer from T.M.D., seek help!

And speaking of help, MaryCarol has done an excellent job once again scheduling topics for the March Association meeting that should help you manage your time more efficiently.

**Hope to see you all there!**

*Freddie*

**Report from the Education Committee**

*By MaryCarol Rumsey, CPMSM*

*Knowledge is, indeed, that which, next to virtue, truly and essentially raises one man above another*

*Joseph Addison  
(1672-1719) poet / essayist*

The Education Sessions for 2005 have been scheduled for the following dates and locations:

**March 18, 2005**

St. Joseph HealthcarePark  
Bangor

**June 23, 2005**

MHA Summer Forum  
The Samoset, Rockland

**September 16, 2005**

Waldo County Hospital  
Belfast

**November 4, 2005**

Mid Coast Hospital  
Brunswick

**Survey Results:** Regarding the question of whether members wanted to hold a November or a December meeting, those who responded expressed a preference for a November meeting but would like to continue the practice of having a Yankee Swap.

# Preparing for JCAHO

by Kim Pelletier, CPMSM

One of the methods used at Acadia Hospital to involve staff in learning the JCAHO standards and the JCAHO National Patient Safety Goals is to send out "Questions of the Week" via internal e-mail. I wanted to share with you some of those questions that you might find helpful.

## National Patient Safety Goal #3, Medications:

**What recent changes have been implemented to increase patient safety regarding medication administration?**

- Implementing the Cubic system
- TALLman lettering
- Requiring the "REASON" for the medication be written on ALL Orders, not just PRNs
- Enforcement of "DO NOT USE" Abbreviation Policy: (insert name of policy) – Look it up on the computer. (*Some facilities refer to these as prohibited abbreviations.*)
- Medication Nurse Competency
- Defined Medication Nurse Role
- Medication Room Construction Project
- Requiring House Administrator to review new medication orders when the Pharmacy is closed, checking dose, contraindications, interactions, and possible adverse reactions on those medications which must be given before morning. Both the unit nurse and House Administrator sign the MAR and Order indicating the review has been completed and the medication is safe to administer to the patient.

**How do our patients get medications when the Pharmacy is closed?**

Orders for routine medications written when the Pharmacy is closed are discouraged. If a medication must be given, the unit nurse, along with the house administrator, retrieve the medication via Pyxis. The medication is

administered only after a review of dose, contraindications, interactions, and possible adverse reactions have been checked. Both nurses initial the MAR and Order attesting to this review.

**Reminders: When in doubt spell it out!**

**Also, ALL medications need a reason, not just PRNs.**

\*\*\*\*

## National Patient Safety Goal #5 Infection Control:

**How do you cough or sneeze safely?**

I always cough or sneeze into my sleeve or bent elbow to prevent the spread of germs.

**What are the most common healthcare associated (nosocomial) infection in the hospital?**

- Skin infections such as impetigo, cellulitis, and yeast are very common.
- ENT (ears, nose and throat) infections such as otitis media, conjunctivitis,
- common cold, and viral bronchitis.

We reduce the spread of these infections by encouraging patients to wash their hands, cover their cough/sneeze, keep personal space of arm's length, and perform proper hand hygiene ourselves.

Also, we refer patients with any medical problems to the Nurse Practitioner right away and call the Infection Control Officer whenever we have a question.

**What hand hygiene methods do we use at Acadia?**

We use hand washing and alcohol hand gel to prevent the spread of infection.

**When do I perform hand hygiene?**

After going to the bathroom, before and after touching the skin or clothing of any patient, before eating, before using a computer or PYXIS keyboard, before and after changing a wound dressing, before and after administering eye drops, after removing gloves, and lots of other times.

**When can alcohol gel be used for hand hygiene?**

Alcohol gel can be used all the time unless you actually see something (i.e., food crumbs, dirt, etc.) on your hands.

**How do I use the alcohol hand gel?**

Place one squirt (about a teaspoon full) in one palm, massage thoroughly over both hands (palms and backs of hands as well as between fingers) until alcohol is dry (about 15 seconds).

**Who is the hospital's Infection Control Officer? (Insert Name)**

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## **Safety and the Environment of Care Quiz**

1. **JCAHO standards require food (dry goods, cans of food, fruit) to be stored in an enclosure when stored in the same room with other supplies?**
  - a) True
  - b) False
2. **Why are refrigerators required to maintain a daily temperature chart?**
  - a) to assist Facilities on preventative maintenance
  - b) to make sure beverages are cold enough for consumption
  - c) to assure staff that temperatures are correct for safe storage of food and medications
3. **All open prepared food should be dated and discarded after how many hours?**
  - a) 24
  - b) 48
  - c) 72
- 3a. **All commercially packaged food should be discarded when?**
  - a) Within 7 days
  - b) Before the expiration on the container
  - c) (a) and (b)

## Credentialing Potpourri

**Do you require that the certificate of insurance provided by your practitioners carry the name of your facility as the certificate holder in the bottom left hand corner? Do you know why that is important?**

You should require that the practitioner provide you with a current certificate of insurance that indicates your facility as the certificate holder. This is done so that in the event the practitioner's policy lapses for any reason, you should receive cancellation notification from the insurance company.

**Do you require practitioners' DEA address to be changed to your facility's address when granting privileges? Does it depend on the practitioner? Does it pertain to locum tenens? Do physicians need to have more than one DEA if they have several offices?**

If you are processing a practitioner who is going to be employed by your facility, the DEA should list your facility's (or clinic's) address. Locum tenens physicians have 60 days to practice before they are required to change their DEA address. They may also receive a one time extension.

If the practitioners administer, prescribe and dispense, they are required to have a Maine address for their DEA and that the certificate should be maintained at the registered location and kept available for official inspection. The exact wording is: "If a physician (now includes other practitioners e.g. physician assistants and nurse practitioners) has more than one office where controlled substances are administered and/or dispensed, then each office must be registered. However, if a physician only administers and/or dispenses at the principal office and only writes prescription orders at the other office or offices, only the principal office need be registered, provided each office is within the same state."

**Do we have to credential a doctor who works in one of our hospital clinics if he has no intention of admitting patients?**

JCAHO privileging requirements for clinics and physician offices depend upon ownership. When a clinic or office is not part of an accredited hospital or network and is itself not a candidate for accreditation, there are no privileging requirements. As long as practitioners and clinic owners practice within the scope of their licenses, they are free to carry out whatever clinical procedures they and their patients agree upon.

By contrast, when a clinic or physician office is owned or controlled by an accredited hospital, the JCAHO treats it as part of the hospital, so it is subject to survey when the rest of the hospital is surveyed and is surveyed under the same set of standards.

This means that all LIPs (licensed independent practitioners) involved in patient care must be credentialed and granted privileges. Their privileges may be the same as those they exercise within the hospital if the hospital privileges are written so that they encompass these outpatient settings; or they may be a different set of privileges written to match the outpatient settings. If a practitioner does not have privileges in the hospital, he or she must have a set of outpatient privileges. In short, all practitioners working in hospital-owned practices must have privileges to work there. DHHS has similar requirements.

**How can I verify military credentials and training?**

If recently discharged from active service, the last place the practitioner was stationed may still have all records. Since the record follows the person from assignment to assignment, personnel at the last assignment should have all information in the file to verify dates of military affiliation and training.

Ask for a copy of the provider's DD Form 214, Report of Separation. This

document lists the practitioner's military career accomplishments, including all training he/she received, awards received, dates of military assignments, etc.

If a base is closed and documentation is needed for verification of current competency or training, ask the applicant to provide the current location of his/her training program director or physician supervisor.

For verification of dates of service, awards, and training, you can write to the National Personnel Records Center, 9700 Page Boulevard, St. Louis, MO 63372. Although not required, requests will be processed quicker if Standard Form 180, "Request Pertaining to Military Records" is used. This can be downloaded at [www.archives.gov/facilities/mo/st\\_louis/military\\_personnel\\_records/standard\\_form\\_180.html#letter](http://www.archives.gov/facilities/mo/st_louis/military_personnel_records/standard_form_180.html#letter).

Response time is slow - typically more than 90 days. This might be expedited by sending the request overnight mail including a pre-paid self-addressed return overnight mail envelope and a letter stating practitioner credentialing will be held up until response is received and records are needed ASAP.

\*\*\*\*

### Answers to Environment of Care Questions:

1. (a)
2. (c)
3. (b) – 48 hours for all prepared foods (sandwiches, leftovers, etc.) prepared on or off site.
- 3a. (c) and 7 days for commercially packaged food or before the expiration date on the container.

### HELPFUL WEBSITES

- [jcaho.org](http://jcaho.org)
- [namss.org](http://namss.org)
- [docboard.org](http://docboard.org)
- [msleader.com](http://msleader.com)
- [msspnext.com](http://msspnext.com)
- [qualityforum.org](http://qualityforum.org)
- [credentialinfo.com](http://credentialinfo.com)

# OVERCOMING PROCRASTINATION

By Lynn Braz, *Life Advice for Total Control Accountholders*. Reprinted with permission. MetLife Inc., all rights reserved

Procrastination is the habitual act of putting off until tomorrow what should be done today. This is a topic with which I have a whole lot of experience. To some extent, everyone procrastinates at one time or another. But I've recently realized I do it quite frequently and when I began mentioning it to my friends, many of them said that they too procrastinate on tasks that are important to them.

I used to think that procrastination was laziness. No so. While I put off every paid writing deadline to the last possible second, I can spend endless hours writing for fun, jogging, doing yoga, taking flying trapeze classes, walking my dogs, even cleaning. In fact, I rarely sit still. So laziness does not appear to be the issue. What I've discovered in researching procrastination is that it's a complex problem that can be rooted in such underlying issues as fear (of failure and/or success), perfectionism, anxiety, overestimation of time left to perform tasks, under-estimation of time involved in completing tasks and the belief that one performs better under pressure.

It's always helpful to understand your underlying issues when confronting dysfunctional or self-defeating behavior. But it's not always necessary. You cannot think yourself into right action, but you can act yourself into right thinking. Meaning, by not giving in to the urge to procrastinate, you can effectively heal from procrastination.

Here are some suggestions for overcoming procrastination:

- Make a list of everything you have to do.
- Set realistic goals.
- Break projects down into easily managed segments.

- Promise yourself a reward, such as reading a pleasurable book or magazine, or returning phone calls, when you finish your task. Do not make spending money part of the reward.
- Eliminate tasks you never plan to do.
- Estimate the amount of time you think it will take you to complete a task, increase that amount by 100 percent.
- Most importantly: Make procrastination work for you. Put off watching television until you've finished your task. Put off surfing the Internet and reading emails until you finish your task. In other words, put off doing the things that keep you from accomplishing your goals until you've accomplished your goals.

Overcoming procrastination requires discipline and discipline is a skill that can be learned in the words of Katharine Hepburn, "Without discipline, there's no life at all."

For more information on getting help for procrastination, visit this Web site: <http://mentalhelp.net/psyhelp/chap4/chap4r.htm>.

*Submitted by Joyce Allen, CPMSM*

## E-Mail Communications

Any communication recorded in any medium, including email and including notes to yourself that might not leave your desk, can be discoverable. There are exceptions for QA and peer review materials if properly maintained and used. Even though you have deleted something from your system, it is always available "somewhere out there."

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Leonard Giambalvo, Esq.  
Vice President and General Counsel  
Eastern Maine Healthcare Systems*

## Word Origins

The word, **orthopaedic** (orthopedic) comes from two Greek words: **ortho** meaning straight and **paedia** meaning children. Orthopaedics is the branch of medicine concerned with diseases, injuries and conditions of the musculoskeletal system – relating to the body's muscles and skeleton, and including the joints, ligaments, tendons and nerves. The proper title of this specialty is orthopaedic surgery although orthopaedics is generally accepted.

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